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ABSTRACT

This paper describes how educators/caregivers can learn about inclusion from the perspective of persons with mental retardation through participation in selected case study activities. Educators/caregivers first organize into study groups and then develop codes of ethics to ensure the protection and confidentiality of the individuals being studied. Each educator/caregiver selects an individual who is involved in the inclusion process in a school or other program, to study for the year. Information about each subject is gathered from daily observations, academic or vocational work, cumulative records, consultation with family, and other sources. Group members share information about their case study subjects and analyze it during group meetings. Each participant applies three analytical activities to the case study: (1) identifying and listing recurring patterns of behavior; (2) selecting a pattern of behavior for analysis by the multiple hypotheses method; and (3) writing a summary of the case study record. It is felt that the use of such case study activities will result in: greater objectivity in recording and interpreting behavior, withholding of judgments about behavior when evidence is lacking, substantiating statements about behavior with evidence, greater openness to work at understanding the meaningfulness and/or function of behavior, and increased understanding and appreciation of what inclusion means to persons with mental retardation. (JDD)

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Inclusion from the Perspective of Persons with Mental Retardation

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Summary

A case study format for examining inclusion from the perspective of persons with mental retardation is presented. It involves writing descriptive behavioral anecdotes, distinguishing objective from subjective observations, identifying recurring patterns of behavior, analyzing behavior by the multiple hypotheses method, and describing inclusion experiences from the perspective of persons with mental retardation.

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This is a description of how educators/caregivers can learn about inclusion from the perspective of persons with mental retardation through participation in selected case study activities that have been applied to understanding a variety of perspectives (e.g., Flagg-Williams, Gay & Williams, 1993; Gay & Williams, 1993a, 1993b). First, the educators/caregivers organize themselves into voluntary study groups moderated by a member who is a workshop-trained leader. Every group develops a code of ethics to insure the protection and confidentiality of the individuals being studied. The code should provide that all information in the written case study records is kept confidential which means inaccessible to non-group members. All information presented during group meetings must be safeguarded by all members of the group. Only information which is written in the case record is to be communicated (read) to the group. This insures that the information given to group members about a person being studied will be documented and available for use during all the case study activities. Lastly, groups usually review their codes of ethics at the beginning of each meeting.

Each educator/caregiver selects an individual to study for the year. In this instance the individual studied should be one who is involved in the "inclusion" process in a school or other program. Information about each case study subject is gathered from the many sources available to the educator/caregiver such as daily observations, academic, creative or vocational work, cumulative records, consultation with family, other staff and professionals, community environment, etc.. The collected information is entered in the form of objective written anecdotes in a bound notebook (case study record). Group members confidentially share the information

about their case study subjects from the written records and work together analyzing it during bi-weekly group meetings. There are usually 18 two-hour bi-weekly group meetings devoted to the case study activities. Case study record building occupies the time of the group for about the first six (6) meetings during which educators/caregivers focus on the sources of information and learn to discriminate objective from subjective information and descriptive material.

There are three analytical or interpretive activities that each participant applies to the case study record during the year. These activities provide the experiences through which participants deepen their understanding and insights about the behavior, development and learning of persons with mental retardation in inclusion contexts. The first activity, introduced at about the seventh (7th) or eighth (8th) meeting, is identifying and listing recurring patterns of behavior. Patterns are listed in descriptive terms when a behavior clearly occurs twice in the record and subsequent recurrences are noted by adding dates (e.g., month/day) of occurrence. Chances are good that at least a dozen patterns will show up in any record, particularly if the educator/caregiver lists the behaviors in discrete terms. The following are examples of recurring patterns of behavior from the case of Ben (not his real name), a 5-year-old with cerebral palsy and mild mental retardation in an inclusive kindergarten class:

1. Ben calls the teacher by her last name without title. 11/10, 11/18, 11/19, 11/30, 1/4, 1/7, 1/12, 1/13, 1/20, 2/22, 3/1, 3/17, and 4/13.
2. Ben cries in class. 11/10, 12/1, 1/13, 1/19, 2/4, 2/9, 3/29, and 4/8.
3. Ben asks the teacher for directions. 11,/10, 11/19, 11/30, 1/12, and 3/15.
4. Ben shares his toys with other children. 1/5, 4/6 and 4/8.

5. Ben drools. 11/16, 12/16, 1/4, 1/7, 1/20, and 4/6.

6. Ben seeks the approval of peers. 11/16, 1/12, 2/4, and 2/9.

The second procedural step is selecting a pattern of behavior for analysis by the multiple hypotheses method. Any clear pattern of behavior that is of interest or challenge to the participant may be selected. The analysis of a behavior pattern involves two tasks: (1) making and listing all possible reasons for the behavior (multiple hypotheses) stated in the most specific and testable forms possible; and (2) validating the hypotheses by reference to the facts contained in the case study record. The case study record is read anecdote by anecdote to identify and record facts which support or refute the various hypotheses. What follows is an example of an analysis of one of Ben's behaviors by the multiple hypotheses method:

Why would Ben or any other 5-year-old boy cry in class? Could it be that Ben

(+ = fact supporting hypothesis, - = fact refuting hypothesis):

1. Is neglected at home. -12/3, -1/14, -3/11.

2. Cries to get the teacher's attention. +11/10, -12/1, +1/13, -1/19, +2/4, -2/9, -3/29, -4/8.

3. Cries when he is angry or frustrated. -11/10, +12/1, -1/13, +1/19, -2/4, +2/9, +3/29, -4/8.

4. Lacks social skills pleasing to peers and adults. +11/18, +11/30, +12/1, +1/7, -3/1, -3/4, -4/6, -4/8.

5. Gets what he wants from his parents when he cries at home.

(no facts supporting or refuting this hypothesis)

This process usually gives participants confidence about a number of the hypotheses tested and a summary sentence can state this. This task should be completed and shared with the group no later than the fourteenth (14th) meeting. The following is an example of a summary statement based on the above multiple hypotheses.

> It appears that Ben cries in class as much from being angry and frustrated (3) and from his lack of social skills (4) as from seeking the teacher's attention (2). There was no support for neglect at home (1) and no data to support or refute the notion that Ben's parents have given in to his desires when he cries at home (5).

The case interpretive procedures usually lead to individual and group study of human development concepts and research through reading and discussing recommended articles and books from annotated bibliographies and/or materials made available to the group. University consultants visit each case study group four time a year to clarify procedures, assist in analyzing the case records, share research findings, and assist the participants in their efforts be more helpful to persons with mental retardation involved in the inclusion process. At the end of the year, educators/caregivers complete the last procedural step which involves writing a summary of the case study record by answering a series of questions. The following are examples of responses to these questions as applied to the case of Ben:

1. What are the developmental tasks of inclusion that Ben is working on?

   Ben is working at developing the social skills to maintain acceptance by his peers.

   Ben is learning how to relate to adults who are not members of his family.

2. Are there any personal problems that arise in Ben's life because of inclusion?

   Ben becomes frustrated and upset when he cannot do what is expected of him.

   Ben experienced rejection by his peers.

3. What assets or strengths does Ben bring to the inclusion process?

   Ben expresses a desire to be with and be liked by his peers.

   Ben initiates social contacts and readily shares his toys with peers.

   Ben manifests considerable tenacity in working at making friends.

4. What skill(s) has Ben developed as a result of inclusion?

   Ben has learned to take pleasure in sharing with peers.

   Ben has learned to use language to increase peers' interest in him.

5. How has inclusion contributed to Ben's attempts to master developmental tasks and/or resolve adjustment problems (Havighurst, 1972)?

   Inclusion provided life-curriculum contexts, such as evaluation of behavior by peers, that would have had to be faced by Ben at sometime during his schooling.

6. What might others do, or what might they do differently to facilitate Ben's optimum development through inclusion?

   Teacher and parents could have identified a "circle of friends" to support Ben as he progressed through his school experiences.

Teacher, parents, children and Ben could participate in the continuous process of developing an action plan to assure Ben's membership and support in the class (see O'Brien & Forest *et al.*, 1989).

Three or four meetings should be scheduled for the case study summary work so that time is provided for sharing the case study findings for the benefit of all the group participants. When the case study activities are completed, the case study records are surrendered (as part of the necessary code of ethics governing the work) either to the local coordinator or to the consultant from the university if university credit is involved. In any case, someone must assume responsibility for safeguarding the case study records.

Finally, the application of case study activities by educators/caregivers to learning about inclusion from the perspective of persons with mental retardation results in: (1) greater objectivity in recording and interpreting behavior in contexts of inclusion; (2) withholding judgments about behavior in contexts of inclusion when evidence is lacking; (3) substantiating statements about behavior with evidence; (4) openness to work at understanding the meaningfulness and/or function of behavior observed in the contexts of inclusion; and (5) increased understanding and appreciation of what inclusion means to persons with mental retardation.

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